

* The request for your Social Security number is **MANDATORY** and this form cannot be processed without it. The information contained on this completed form is **CONFIDENTIAL** according to 45 CFR 302.21 and 45 CFR 303.70.

Name of IV-D ann	lame of IV-D applicant Maiden name (if ap						ame (if annlic	licable)			
Walden Halife (if applicable)											
Address of applicant (number and street, city, state, ZIP code)											
						Telephone number					
Other address of a	Other address of applicant (number and street, city, state, ZIP code)										
						Telephone					
						()				
	NAME(S) OF CHILD(REN) DATE						DATE OF	OF BIRTH (month, day, year)			
Have you ever been to a Prosecutor's office to file a paternity case for the child(ren)? (check one) Yes No											
If so, where?	-										
OTHER BAREN	IT INCODIATION	N. (0		\							
Full name of pare		N: (Complete for ea	ch parent for	case)	Alias Date (month				th. dav. vear)		
									(,,, ,,	
Last know address	s (number and stree	t, city, state, ZIP code)			,						
Last known employer							Date (month, day, year)				
Address of employer (number and street, city, state, ZIP code)											
Age	Date of birth (mont	h, day, year)		City and st	ate of birth						
PHYSICAL DES	CRIPTION:										
Race		Sex	Height		Hair		Eyes		We	eight	
Other:											
Other.											
Name of non-custodial parent's father				Maiden name of non-custodial parent's mother							
Address of non-custodial parent's father (number and street, city, state, ZIP code)					Address of non-custodial parent's mother (number and street, city, state, ZIP code)						
Non-custodial parent's Social Security number *											
MILITARY BACKGROUND: Branch					Date (month, day	onth. dav. vear)		Rank	lank		
Jianon					Jaco (monur, da)	, your,		i Valif			

OTHER PARENT INFORMATION: (continued) (Con	nplete for each parent fo										
Arrest record		City and state		Date (month, day, year)							
AUTOMOBILE INFORMATION:											
Make		Model	License nu	cense number							
Is non-custodial parent an Indiana resident?		Does non-custodial parent receive government benefits?									
☐ Yes ☐ No		☐ Yes ☐ No									
Friends or relatives with whom the non-custodial parent woul	d have contact:										
Is non-custodial parent a member of an organization?											
☐ Yes ☐ No											
MARITAL INFORMATION:											
Date married (month, day, year)	City and state										
Date divorced (month, day, year)	City and state										
Name of court	Cause number:										
Support order amount:	Data standard (manyth site state)										
\$	Date started (month, city, state)										
Amount of delinquency:	Date calculated (month, city	ate calculated (month, city, state)									
\$											
Date of last payment (month, day, year)	Paid to:			Ву:							
Date of last legal action (month, day, year)											
Describe legal action taken:											
r											
Name of recipient's previous legal counsel Name of non-custodial parent's previous legal counsel											
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